



## VOLUNTEER INFORMATION FORM

Please fill out *completely*.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

**List any specific health problems that may impact your volunteering:**

\_\_\_\_\_

**Do you have experience with horses? Yes / No**

*If Yes, please complete additional experience questionnaire.*

**Do you have experience with persons with disabilities? Yes / No**

*If Yes, please explain:* \_\_\_\_\_

\_\_\_\_\_

**Have you ever volunteered for HorsePower (or Handi-Riders) before? Yes / No**

*If Yes, when, and in what capacity?* \_\_\_\_\_

**Employment Status:**  Full-Time  Part-Time  Retired  Student  Other

**Occupation/Former Occupation:** \_\_\_\_\_

**Employer/Former Employer:** \_\_\_\_\_

**How did you hear about this volunteer opportunity?** \_\_\_\_\_

**Volunteer Statements:** In the course of volunteering, I may learn personal/medical/family information about HorsePower participants, and **I agree to keep any and all non-public information in strictest confidence.** Additionally, it is a requirement by HorsePower's insurance company that all volunteers over the age of 18 pass a background check in order to volunteer, and **I agree to HorsePower's request to perform a background check on me.** (Background check statement not applicable to those under 18.) Please **sign & date to confirm your agreement with the above statements** in this paragraph.

Year 1: Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Year 2: Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Year 3: Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## HORSE EXPERIENCE QUESTIONARE

*Please choose the most appropriate answer for each question...*

1. Haltering a horse is...
  - a. Easy for me
  - b. Somewhat of a challenge...
  - c. This is a struggle for me
  - d. What's a halter?
  
2. The last time I rode a horse was...
  - a. Within the last week or so
  - b. About a month ago
  - c. More than 6 months ago
  - d. I forgot
  
3. Please circle the riding discipline you are most familiar with.
  - a. English (dressage/jumping/saddleseat/etc...)
  - b. Western (gaming/roping/pleasure/trail/etc...)
  - c. Bareback/no significant training/fly-by-the-seat-of-my-pants
  
4. The appropriate way to secure a horse is...
  - a. A quick-release-knot (and I know how to tie one)
  - b. Wrapping the lead-rope three times around a post
  - c. Dropping the lead-rope on the ground (the horse should stay, right?)
  - d. Tying the rope around my waist
  
5. Which statement best describes you?
  - a. I am very comfortable and knowledgeable working around the horses and feel confident in my ability to control the animal.
  - b. I am fairly confident in my ability to keep control of my horse unless a clown with an axe enters the arena.
  - c. I should maybe brush up on my horse skills before leading.
  - d. I'm scared of horses.

Anything else you would like us to know regarding your experience with horses?



## AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

Volunteer's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Whom do we contact in case of emergency?

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_ City: \_\_\_\_\_

Preferred Medical Facility: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Consent Plan:

In the event emergency medical aid/treatment is required due to illness or injury while volunteering for HorsePower, or while being on the property of an authorized activity of this agency, I authorize HorsePower to:

1. Secure and retain medical treatment and transportation if needed.
2. Release volunteer records upon request to the authorized individual or agency involved in the emergency medical treatment.

This authorization includes X-ray, surgery, hospitalization, and any other treatment procedure deemed "life-saving" by the physician.

This provision will be invoked if neither person listed above is able to be reasonably reached.

Consent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If volunteer is under 18:

Parent or Legal Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

~OR~

Non-Consent Plan:

I do not give my consent for emergency medical treatment/aid in case of illness or injury during the process of volunteering for HorsePower, or while being on the property of an authorized activity of this agency. In the event emergency treatment/aid is required, I wish the following procedures to be taken:

\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If volunteer is under 18:

Parent or Legal Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_



## Volunteer Liability Release Agreement

I, \_\_\_\_\_, the Releasor, would like to volunteer in a program or activity of the Releasee, Handi-Riders, Inc. DBA: HorsePower. I acknowledge the risks and potential for risks of volunteering in a program with horseback riding and equine-related activities. I, the undersigned, do hereby forever release, acquit, discharge, and hold harmless the Releasee, its officers, agents, employees, representatives, facility owners, horse owners, and assigns, on account of any and all injuries, physical or mental condition, known or unknown, to the undersigned, and the treatment thereof, as a result of, or in any way growing out of the acts of the Releasee, its officers, agents, employees, representatives, facility owners, horse owners, and assigns, whether caused by negligence of the releasees or otherwise.

Releasor hereby assumes full responsibility for the risk of bodily injury, death, or property damage due to the negligence of releasees or otherwise while volunteering in a Handi-Riders, Inc. DBA: HorsePower program or activity.

Releasor expressly agrees that this release and waiver agreement is intended to be as broad and inclusive as permitted by the laws of the State of South Dakota, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

This release covers the present program and any future programs or activities for which the undersigned may volunteer.

### WARNING

Under South Dakota law, an equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities, pursuant to §42-11-2.

Volunteer Signature \_\_\_\_\_ Date: \_\_\_\_\_  
(or Parent/Guardian if Volunteer is under 18)

Printed Name: \_\_\_\_\_ Relationship to Volunteer: \_\_\_\_\_  
(Self, Parent, or Guardian)

### Photo Release

*Photo Release not required to volunteer.*

I hereby consent to and authorize the use and reproduction by Handi-Riders, Inc. DBA: HorsePower, of any and all photographs of \_\_\_\_\_ (Volunteer's name) and any other audiovisual materials taken of said volunteer for promotional printed, audio, or visual material, educational activities, and exhibitions or for any other use for the benefit of Handi-Riders, Inc. DBA: HorsePower and its programs.

Volunteer Signature \_\_\_\_\_ Date: \_\_\_\_\_  
(or Parent/Guardian if Volunteer is under 18)

Printed Name: \_\_\_\_\_ Relationship to Volunteer: \_\_\_\_\_  
(Self, Parent, or Guardian)